

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001300

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 17

**FILED JAN 28 1963**

1. PLACE OF DEATH

a. COUNTY **Henry**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Windsor**

Length of stay in 1b  
**4 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Windsor Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **Henry**

c. CITY OR TOWN **Calhoun**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
**BESSIE MAY PEARL GOODRICH**

4. DATE OF DEATH  
Month Day Year  
**January 18, 1963**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**9-8-1917**

9. AGE (last birthday)  
**45**

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Practical Nurse**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Maysville, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U. S. A.**

13a. FATHER'S NAME

**E. C. Merritt**

13b. MOTHER'S MAIDEN NAME

**Chloe A. Bennitt**

14. NAME OF HUSBAND OR WIFE

**Arthur E. Goodrich**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of  
**no**

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
**Arthur E. Goodrich Calhoun, Mo.**

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cardiac Failure**

INTERVAL BETWEEN  
ONSET AND DEATH  
**7 days**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**Mitral Stenosis**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN; OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1-14-63** to **1-18-63** and last saw her alive on **1-18-63**  
Death occurred at **2:00 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Clifford Gouge**

22b. ADDRESS

**Windsor Mo.**

22c. DATE SIGNED

**1-19-63**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

**Burial**

23b. DATE

**1-21-1963**

23c. NAME OF CEMETERY OR CREMATORY

**Laurel Oak Cemetery**

23d. LOCATION (City, town, or county)

**Windsor, Henry Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Clifford Gouge Windsor, Mo.**

25. DATE RECD. BY LOCAL REG.

**JAN 21-1963**

26. REGISTRAR'S SIGNATURE

**Mildred Bigum**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59  
  
6421  
2421  
3  
4 1  
5 1  
6  
7 0  
8 2  
9410X  
10  
11  
123-2  
13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clifford Houge

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 1-21-63 M.B.